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write Fla. with Unfading Ink. This is a Permanent Record.
 In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS. Ter. Index No. <u>25</u>	
District of _____		ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. <u>104</u>	
Town of _____		Local Registrar's No. _____	
City of <u>Globe</u>			
(No. _____ St; _____ Ward)			
FULL NAME OF CHILD <u>Still Born</u>		Born <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>M</u>	Twin, Triplet or other <u>X</u>	and Number in order of birth <u>6</u>	Legitimate? <u>yes</u> Date of Birth <u>May 6</u> 19 <u>11</u>
FATHER		MOTHER	
Full Name <u>Jac Pais</u>		Full Maiden Name <u>Régina Pais</u>	
Residence <u>Willow Ave</u>		Residence <u>Willow Ave</u>	
Color or Race <u>Syrian</u>	Age at last Birthday <u>37</u> (Years)	Color or Race <u>Syrian</u>	Age at last Birthday <u>27</u> (Years)
Birthplace <u>Syria</u>		Birthplace <u>Syria</u>	
Occupation <u>Merchant</u>		Occupation <u>Housewife</u>	
Number of child of this mother. <u>6</u>	Number of children, of this mother, now living <u>5</u>	Were Precautions taken against Ophthalmia neonatorum? _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child; and that it occurred on, <u>May 6</u> 19 <u>11</u> , at <u>12</u> M. { *When there is no attending physician or midwife, then the householder should make this return. } (Signature) <u>A. J. Kennedy</u> (Attending physician, midwife, householder. *) Given or christian name added from a supplemental report _____ 191_____ Address _____ Filed <u>May 10</u> 191 <u>1</u> <u>B. J. S. at</u> LOCAL REGISTRAR. <u>092-506-992</u> Filed <u>6/5</u> 191 <u>1</u> <u>B. J. S. at</u> COUNTY REGISTRAR. COUNTY REGISTRAR.			